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ABSTRACT

E-therapy is a term used to describe the process of interacting with a therapist online in ongoing conversations over time when the client and counselor are in separate or remote locations and the Internet is utilized to communicate with each other. E-therapy is not considered psychotherapy or psychological counseling in the standard sense since it does not presume to diagnose or treat mental or medical disorders. What it can do is address the difficulties that clients present to the online therapist. This paper provides background information on the types of e-therapy and related services. It summarizes the ethical codes that have been adopted by three professional organizations (American Counseling Association, National Board for Certified Counselors, and the International Society for Mental Health Online) concerning the professional use of e-therapy. It concludes with a discussion of the practical, ethical, and legal issues of e-therapy services with the consumer in mind. (Contains 35 references.) (JDM)

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E-Therapy: Practical, Ethical, and Legal Issues

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Abstract

E-therapy is a term that has been coined to describe the process of interacting with a therapist online in ongoing conversations over time when the client and counselor are in separate or remote locations and utilize electronic means to communicate with each other. It is a relatively new modality of assisting individuals resolve life and relationship issues. E-therapy utilizes the power and convenience of the internet to allow simultaneous (synchronous) and time-delayed (asynchronous) communication between an individual and a professional. For the purposes of this paper, e-therapy is defined as a licensed mental health care professional providing mental health services via e-mail, video conferencing, virtual reality technology, chat technology or any combination of these. It does not include self-help methods such as public bulletin boards or private listservs. E-therapy is not psychotherapy or psychological counseling per se since it does to presume to diagnose or treat mental or medical disorders. However, e-therapy is flexible enough to also address many difficulties which clients present to the online therapist. As in other types of therapy, such as bibliotherapy, occupational therapy, and rehabilitation therapy), e-therapy does assist a person in addressing specific concerns with specific skills.

This article examines the following issues of e-therapy. First, the types of e-therapy and related services are described to provide a background for the article. Second, the ethical codes which have been adopted by three major professional organizations (American Counseling Association, National Board for Certified Counselors, and the International Society for Mental Health Online) pertaining to e-therapy are summarized for professional and consumer use. Finally, the practical, ethical, and legal issues of e-therapy services are discussed fully.

E-Therapy: Practical, Ethical, and Legal Issues

E-therapy is a term that has been coined to describe the process of interacting with a therapist online in ongoing conversations over time when the client and counselor are in separate or remote locations and utilize electronic means to communicate with each other (Ainsworth, 2000; Bloom, 1998). It is a relatively new modality of assisting individuals resolve life and relationship issues. The formal description of the National Board for Certified Counselors (NBCC) (1997) is the following: "WebCounseling is the practice of professional counseling and information delivery that occurs when client(s) and counselor are in separate or remote locations and utilize electronic means to communicate over the Internet" (p. 1). According to Grohol (1999b), e-therapy utilizes the power and convenience of the internet to allow simultaneous (synchronous) and time-delayed (asynchronous) communication between an individual and a professional. For the purposes of this paper, e-therapy is defined as a licensed mental health care professional providing mental health services via e-mail, video conferencing, virtual reality technology, chat technology or any combination of these. It does not include self-help methods such as public bulletin boards or private listservs (Stubbs, 2000). E-therapy is not psychotherapy or psychological counseling per se since it does to presume to diagnose or treat mental or medical disorders (Grohol, 1999b). However, e-therapy is flexible enough to also address many difficulties which clients present to the online therapist. As in other types of therapy, such as bibliotherapy, occupational therapy, and rehabilitation therapy), e-therapy *does* assist a person in addressing *specific* concerns with *specific* skills.

A recent search on various search engines by the author revealed that there are several thousand counselors with internet dimensions to their practice, such as advertising, providing basic information, and email communication in conjunction with face-to-face therapy. This

article focuses on those clinicians who provide counseling solely via the internet. Providers are online because there is a demand for their services, or they would not expend the time and effort necessary to establish, administer, and maintain these services (Grohol, 1997). The number of individual counselors and counseling companies on the internet has exploded in the last two years, and this trend will continue (Ainsworth, 2000; Guterman & Kirk, 1999; Sampson, Kolodinsky, & Greeno, 1997). In one search conducted in 1996, there were 12 mental health sites online, and today there are over 250 websites and over 400 therapists which offer online counseling (Ainsworth, 2000).

Just as the list of e-therapists is expanding rapidly, so are the issues surrounding this treatment modality (Ainsworth, 2000; Bloom, 1998; Finfgeld, 1999; Frame, 1997; Grohol, 1999a, b, c; Sussman, 1998). For example, the mental health codes have not yet quite captured the implications of this global technological advancement (Grohol, 1999a, b, c). This article examines important and urgent issues of e-therapy. First, the types of e-therapy and related services are described to provide a background for the article. Second, the ethical codes which have been adopted by three major professional organizations pertaining to e-therapy are summarized for professional and consumer use. Finally, the practical, ethical, and legal issues of e-therapy services are discussed fully.

Internet Counseling and Services

The e-therapy sites on the interent fall into two broad categories: advice and e-therapy (Ainsworth, 2000). Advice is the situation in which a therapist responds once or on a few occasions in length in a psycho-educational manner; that is, concrete, specific information is offered to the client who has a well-defined, specific difficulty. This type of intervention is not appropriate for those with complex or life situations that are causing great distress, problems that

have persisted for a long period of time, or difficulties that seem overwhelming. In these situations, e-therapy may be more appropriate. Mental health advice sites are individual therapists who answer a one-time, specific inquiry about any mental-health related topic, usually by email transmission. E-therapists are very different from the "one question," "information," or "advice" services. E-therapy is about forming a relationship with a trained counselor. In short, e-therapy is the situation in which the therapist and client have an ongoing, personal relationship over time (Ainsworth, 2000).

There are five major *methods* of conducting e-therapy: email, secure web-based message systems, real-time text exchange (chat), videoconferencing, and voice over internet phone (IP) (Ainsworth, 2000; eTherapy.com, 2001; Sussman, 1998). E-mail is the most common way in which therapists interact with clients (Ainsworth, 2000; Sussman, 1998). Secure web-based message systems offer better security than e-mail, but they are still expensive to implement and somewhat inconvenient to use. Chat occurs when both the client and therapist is online at the same time and can write one another as if they are engaged in a conversation by alternately entering conversational text line-by-line; however, this method usually is expensive for the client, especially if charged by the minute. In addition, chat technology is still very slow and often crashes which entails time to log back onto the system, the client may not be a quick typist, and both the client and therapist often need time to think between typing responses.

Videoconferencing is the ideal mode for therapists to interact with clients, because it allows the therapist and client to have a two-way a dynamic conversation with full two-way audio and full-motion video. This modality most closely approximates face-to-face counseling. However, video technology is still in the developing phase and is still too expensive to purchase and maintain and too intricate to utilize efficiently and effectively. It requires high-speed internet

connection for optimal sound and image quality (Ainsworth, 2000; eTherapy.com; Guterman & Kirk, 1999). There are three viable methods for of video connection at this time: cable modems, satellite modems, and Digital Subscriber Lines (DSL). Although all three are currently being offered on a limited basis, major improvements in infrastructure will undoubtedly occur. Upon its arrival, full motion video and real-time audio will be readily available to everyone who has access to the internet (Guterman & Kirk, 1999; Sussman, 1998). Likewise, voice over IP will be available in the near future (eTherapy.com, 2001). Using a custom-built secure web interface, real-time voice over IP provides the therapist and client the ability to engage in a two-way audio conversation like a telephone. The larger clinics are beginning to offer this service, and this allows client and therapist to respond directly to one another with no long-distance charges (eTherapy.com).

E-therapists offer a range of services such as psycho-education, emotional support, and guided self-help. There are various types of online services that are currently offered, such as e-therapy private practitioners, e-therapy clinics, and specialists (Ainsworth, 2000). E-therapy private practitioners work with clients in an ongoing series of emails or chats. Since 1995, most e-therapists have been individual private therapists; however, the growth of the industry has led to the innovation of large e-therapy sites in which many therapists are available and a number of features are available. These large clinics have several positive characteristics: many therapists available on the site, utilization of security to support confidentiality of communication, secure setups for billing, internet libraries and vast resources for consumers and therapists, specialists, accountability and credential screening by the owners of the e-clinic. A disadvantage of these large, online clinics is that it is more difficult for clients to differentiate amongst therapists. The therapists' pages are similar, according to a site-wide template. A few of these large, online

clinics are HelpHorizons.com (http://www.helphorizons.com), Here2Listen.com (http://www.here2listen.com), and eTherapy.com (http://www.etherapy.com) (Ainsworth, 2000). Specialists are therapists who specialize in particular disorders, such as relationships and sexuality, eating disorders, child abuse, alcohol and other substance abuse, stress-related difficulties and time management, and Christian counseling. These specialists are found in both e-clinics and in private practice.

A list of each of the above categories and the providers are found on Metanoia (http://www.metanoia.com) (Ainsworth, 2000). In addition, this independent consumer guide offers relevant data about the therapist's credentials, fees, payment options, services offered, and credential checks. Although the credential check is an aid to help the consumer choose professional, licensed, authentic counselors, there are many other ethical issues inherent in e-therapy, and professional organizations are beginning to address by adopting new and revising existing ethical codes.

Ethical Codes

Professional organizations, such as the ACA, NBCC, and the American Psychological Association (APA) are hesitant to endorse new practices for good reasons. They must be very responsible about reviewing research and carefully examining the new practice before they endorse it. These organizations are responsible for ethical code establishment, and they are beginning to address the issue of online counseling by approving new codes to address these issues. The following codes will be described for easy access and comparison: American ACA (1999), NBCC (1997), and ISMHO (2000a). Following the listings of the codes is a discussion of common, important practical, ethical, and legal issues pertaining to e-therapy.

American Counseling Association

The ACA is a not-for-profit, professional and educational organization that is dedicated to the growth and enhancement of the counseling profession. Founded in 1952, ACA is the world's largest association with approximately 55,000 members and represents professional counselors in various practice settings. The association has made considerable strides in accreditation, licensure, and national certification. It also represents the interests of the profession before congress and federal agencies, and strives to promote recognition of professional counselors to the public and the media. In addition, ACA has been instrumental in setting professional and ethical standards for the counseling profession. According to ACA (1999), *The Ethical Standards for Internet On-line Counseling* established appropriate standards for the use of electronic communications over the Internet to provide on-line counseling services, and they should be used only in conjunction with the latest ACA Code of Ethics and Standards of Practice. Following is an outline of the standards.

1. Confidentiality. Under this major issue are privacy information, informational notices, client waiver, records of electronic communications, and electronic transfer of client information. In short, privacy information means that counselors ensure their clients are provided sufficient information to adequately address and explain the limitations of computer technology in the counseling process in general and the difficulties of ensuring complete client confidentiality of information transmitted through electronic communications. To mitigate the risk of potential confidentiality breaches, counselors should utilize security web sites and e-mail encryption.

Information notices include security of counselor's site, counselor identification, and client identification. Notice of the security site includes that counselor's inform clients whether the site is secure or not, encryption methods, and special software that clients may need. The counselor identification notice informs clients about the identities of the counselors with access to the

information, credentials and qualifications of the counselor(s), and the supervision methods. Client identification means that counselors verify the client's identity. The client waiver portion requires the client to acknowledge and accept the potential risks of confidentiality breaches due to internet transmission. The fourth issue in this section, records, explains that counselors should inform clients how session transcripts and other information are stored and the length of storage. Also, counselors should maintain appropriate procedures for ensuring the safety and confidentiality of client information acquired through electronic communications, including but not limited to encryption software, proprietary on-site file servers with fire walls, and saving on-line or e-mail communications to the hard drive or file server computer systems. The final issue in this section, electronic transfer of client information, states that confidential information to authorized third-party recipients may occur only when both the professional counselor and the authorized recipient have "secure" transfer and acceptance communication capabilities and the recipient is able to effectively protect the confidentiality of the client confidential information to be transferred. Clients must also give consent for these transactions.

2. Establishing the online relationship. The next major section, establishing the online relationship, consists of five sub-divisions: appropriateness of online counseling, counseling plans, continuing coverage, boundaries of competence, and minor or incompetent clients. The appropriateness of online counseling states that professional counselors: (a) develop an appropriate in-take procedure for potential clients to determine whether on-line counseling is appropriate for the needs of the client, (b) warn potential clients that online counseling services may not be appropriate in certain situations, and (c) inform the client of specific limitations, potential risks, and/or potential benefits relevant to the client's anticipated use of online counseling services.

The second sub-section, counseling plans, states that counselors develop individual on-line counseling plans that are consistent with both the client's individual circumstances and refer clients to alternative counseling methods if online counseling seems inappropriate. The third sub-section, continuing coverage, includes providing clients with a schedule, response rates, and an alternate means of contacting the counselor. Also, another counselor's name and information is provided when counselor is unavailable. The fourth sub-section states that counselors should practice only within their qualification and skill areas. Finally, professional counselors must obtain the written consent of the legal guardian or authorized person in the cases of minors and individuals incapable of granting such consent.

3. Legal considerations. The next major heading pertains to legal issues. This suggests that counselors confirm that their liability insurance provides coverage for on-line counseling services, and that the provision of such services is not prohibited by or otherwise violate any applicable state or local statutes or codes of professional membership organizations and certifying boards, and codes of state licensing boards.

National Board for Certified Counselors

In 1995 the NBCC Board of Directors appointed a WebCounseling Task Force to investigate the practices and potential difficulties of online counseling sites. The committee discovered a wide range of sites, ranging from individuals who were advertising their private practices to sites that claimed to offer therapeutic interventions. The committee also discovered a wide range of expertise, ranging from those sites sponsored by anonymous individuals or those with fraudulent credentials to those operated by qualified, licensed therapists. It became apparent that there was, indeed a growing presence of online therapists, so the Task Force implemented a set of guidelines that could offer a direction to the variety of professional, ethical,

and legal issues occurring online. NBCC's position is that it, as an organization, does not advocate the practice of WebCounseling, but the organization did formally adopt the standards in 1997 to provide direction for mental health professionals who practice online therapy (Bloom, 1997; Hughes, 2000; NBCC, 1997).

There are 13 major issues addressed by the NBCC (1997) regarding online counseling, and they state that WebCounselors shall:

1. review pertinent legal and ethical codes for possible violations emanating from the practice of WebCounseling and supervision;
2. inform WebClients of encryption methods being used to help insure the security of client/counselor/supervisor communications;
3. inform clients if, how, and how long session data are being preserved;
4. in situations where it is difficult to verify the identity of WebCounselor or WebClient, take steps to address impostor concerns, such as by using code words, numbers, or graphics;
5. when parent/guardian consent is required to provide WebCounseling to minors, verify the identity of the consenting person;
6. follow appropriate procedures regarding the release of information for sharing WebClient information with other electronic sources;
7. carefully consider the extent of self disclosure presented to the WebClient and provide rationale for WebCounselor's level of disclosure;
8. provide links to websites of all appropriate certification bodies and licensure boards to facilitate consumer protection;
9. contact NBCC or the WebClient's state or provincial licensing board to obtain the name of at least one Counselor-On-Call within the WebClient's geographical region;

10. discuss with their WebClients procedures for contacting the WebCounselor when he or she is off-line.;

11. mention at their websites those presenting problems they believe to be inappropriate for WebCounseling;

12. explain to clients the possibility of technology failure, and;

13. explain to clients how to cope with potential misunderstandings arising from the lack of visual cues from WebCounselor or WebClient.

International Society for Mental Health Online

The ISMHO, a nonprofit organization, was formed in 1997 to promote the understanding, use and development of online communication, information and technology for the international mental health community. Some of the goals are to: educate mental health professionals and others about existing online information and communication technologies and applications; explore and develop the use of computer assisted communication in the work of mental health; provide online discussion forums and news concerning the work of mental health online; promote information and education on confidentiality, privacy, pseudonymity, and anonymity issues online; and develop standards for online interactions between mental health professionals and consumers (ISMHO, 2000a). These standards are outlined as follows:

1. Informed consent. The client should be informed about the process, the counselor, the potential risks and benefits of those services, safeguards against those risks, and alternatives to those services. There are three major heading under informed consent: process, counselor, potential benefits, potential risks, safeguards, alternatives, and proxies. The process section discusses the misunderstandings that may occur with text- based modalities, turnaround time from asynchronous communication, and counselor protection from unwanted recording of

sessions. The counselor section states that clients have the right to the counselors credentials, real name, and instructions on confirming such information. The benefit section states that clients should be informed about the benefits of online counseling, such as decreased inhibition than face-to-face interactions. The risk section states that clients should be informed about the risks, such as possible breaches of confidentiality of e-mails transmission.
The next sub-section, safeguards, discusses the importance of informing clients about the protection offered by counselors and the actions the client can take to safeguard against risks. The alterative states that clients should be told about possible other mental health sources. The final part of this section, proxies, states that when clients are not in a position to consent themselves to receive mental health services, consent should be obtained from a parent, legal guardian, or other authorized party.

2. Standard operating procedures. In general, the counselor should follow the same procedures when providing mental health services online as provided in person. Under this main topic are the following: practicing within boundaries of competence; following the licensing and credentialing requirements to practice; agreeing upon the structure of the services, such as format, frequency, and cost; conducting a proper initial evaluation of the client's problems and determining appropriateness of online counseling; protecting confidentiality; properly maintaining records and informing clients of procedure of such action, and finally; following other established guidelines and ethical codes of relevant professional organizations.

3. Emergencies. This section state that the procedures to follow in an emergency, along with procedures to contact a local professional, should be discussed with clients.

These three professional organizations have adopted the above codes in order to begin to address concerns and issues proposed by e-therapy. However, the very nature of ethical codes

means that there will be ethical dilemmas and potential difficulties. Below is a discussion of the practical, ethical, and legal issues surrounding this newer mode of therapy.

Issues of E-therapy

There are some risks inherent in e-therapy, but there are also advantages. This discussion is not meant to be an exhaustive list, but is intended merely to highlight some of the more significant challenges and opportunities afforded by e-therapy. While an appropriate regard for the potential disadvantages of providing interactive text-based intervention is ethically mandated, these potential risks need to be evaluated within the context of the potential benefits. So, instead of taking sides on the issue, this section will explore the various practical, ethical, and legal aspects of this new therapy.

The first issue deals with the time barrier that may deter individuals from seeking traditional therapy. An advantage of online counseling relates to convenience of time. Presently, the most frequently utilized means of e-therapy is through e-mail. Every site on Metanoia's listing of practitioners utilize e-mail as part of their services (Ainsworth, 2000). The advantage to online counseling is that no appointments are needed; clients can contact their therapists whenever they have access to a computer and can do so from the comfort and privacy of their own home. In most instances, e-therapists commit to responding within 24 to 72 hours (Fingfeld, 1999). When e-therapy is conducted via e-mail, it allows both the client and the professional the time to fully reflect on issues discussed in a previous correspondence and also allows time for the client and therapist to conduct research into their difficulties. Unlike traditional counseling methods, e-mail therapy's strength is in the ability to explore and reflect about a person's concerns without the pressure to think quickly (Finfgeld, 1999; Grohol, 1999b). When e-therapy is conducted via

real-time text exchange, however, therapists and clients neeed to find mutually acceptable times for sessions and both parties must think and respond quickly.

Another convenience which e-therapy offers relates to financial issues. At present, affordability can be viewed as an advantage, because on-line therapists are charging a range of approximately $15-$50 for an e-mail response and $26 to $65 for a 60-minute chat session (Laszlo, Esterman & Zabko, 1999; Finfgeld, 1999; Sampson, Kolodinsky, & Greene, 1997). Because the fee is relatively reasonable, individuals can avoid utilizing their health insurance programs to finance their mental health needs.

This issue is related to the experimental nature of online counseling and lack of systematic research on the nature, scope and outcomes of this modality. Only a handful of outcome studies have appeared in the professional literature (Cohen & Kerr, 1998; King, 1994; Kovalski & Horan, 1999; Lange et al., 2000. The findings have been mainly positive about e-therapy; however, the sample sizes have been small and not enough information is available at this point to determine the efficacy and positive therapeutic variables of e-therapy. Clearly, the current body of research is limited in scope and rigor and it leaves unanswered many crucial questions related to the quality of internet therapy.

Related to this experimental nature of online counseling is that the theories of therapeutic change derived from face-to-face therapeutic relationships may not be applicable to text-based communication. Arguments in support of cyberspace counseling stem from the theoretical underpinnings of solution-focused (Egan, 1998) and narrative-type (White & Epston, 1990) psychotherapies. Clearly, journaling has a longstanding track record in psychotherapy, and its effectiveness is attributed to a variety of factors. Murphy and Mitchell (1998) suggested that committing a problem to written format, such as email, assists the client to analyze their

situations by formulating a clear problem statement and reading and re-reading it for emotional clarity and accuracy. In effect, this exercise is hypothesized to assist client place their problems within a context that removes some of the irrational emotional fervor that may cloud rational thinking and decision making.

On the negative side, the absence of appropriate training in text-based communication may affect the clinical competence of therapists attempting to deliver text-based interventions. New models and research for producing therapeutic change which are appropriate to the medium of the internet may need to be developed prior to providing competent online text-based interventions (Grohol, 1997; ISMHO, 2000b; Sampson, Kolodinsky, & Greeno, 1997). From the standpoint of clinical theory and technique, it may be that clinical work in cyberspace is an extension or a supplement to the more familiar styles of psychotherapy. However, it is possible that entirely unique theories and techniques will evolve within this new communication medium.

Recent research has shown that the technique of psychotherapy is not as important as the therapeutic alliance formed with a therapist (Ainsworth, 2000). The increased perception of anonymity is one of the most influential factors contributing to the popularity of online counseling and even ability to form an alliance with the therapist (Fingfeld, 1999; Grohol, 1997; ISMHO, 2000b). Because individuals know that they are more anonymous online, they respond and behave differently than in person. The perception of anonymity eases the discomfort and potentially embarrassing and stigmatizing disclosure of behaviors and thoughts; in turn, clients are able to discuss deep, personal issues in a therapeutic relationship online more quickly than in real life, face-to-face interactions (Finfgeld, 1999; Grohol, 1997; Meier, 1988). In addition, if the client does not feel that the e-therapist is providing adequate assistance and the relationship is not helping, the client is actually able to change therapists with a few mouse clicks. According to

Ainsworth (2000), in a recent survey of over 400 clients of online therapists, more than 90% responded that the therapist helped them. This suggests that it is possible to form meaningful relationships even on the basis of text-based correspondence, and these relationships can be healing. Online counseling is not a substitute for traditional psychotherapy, but it is helpful for many people and can be therapeutic (Ainsworth, 2000).

However, e-therapy's greatest advantages, anonymity and the lack of face-to-face contact, are also one of its greatest disadvantages for the ethical therapist (Bloom, 1998; Grohol, 1997, 1999b). Since the therapist won't have all the usual visual clues such as voice tone, facial cues, and body language, the client and therapist may have some misunderstandings about written information, and more clarification steps are needed. It is imperative that e-therapists who utilize chat or e-mail procedures make sure they understand what the client meant by the writing. There are some e-therapists, also, who argue that body language may be overplayed, and these clinicians offer alternative strategies for overcoming any limitations that email technology may impose (Murphy & Mitchell, 1998). They suggest that clients and therapists express their emotions by literally bracketing words that illustrate what they are feeling. This helps the clients identify their feelings and encourages them to invest time in reflexively considering what their feelings mean. In addition, describing ones' difficulties is suggested to have a pretreatment effect because clients clearly identify the issues they are motivated to work on and begin to seriously think about the actions they are and are not willing to take to diminish their intrapsychic discomfort (Finfgeld, 1999; Murphy & Mitchell, 1998). In sum, writing empowers the client to take responsibility for his or her feelings and behaviors. Also, emoticons (emotional images created with keystrokes), emotional bracketing, descriptive immediacy, and the use of

similes, metaphors, and stories are used commonly used techniques that enhance the meaning of written text (Collie, Mitchell, & Murphy, 2000; Sussman, 1998).

Individuals who are in a crisis state or need immediate personal attention due to an urgent matter will probably not receive the help they need via e-therapy. Likewise, individuals with complex situations may be best suited with a long-term, personal-contact relationship with a counselor. In addition, the NBCC (1997) states that WebCounselors need to disclose topics that are not appropriate for e-therapy, such as sexual abuse as a primary issue, violent relationships, eating disorders, and psychiatric disorders that involve distortions of reality. As a protective mechanism for their clients, many of the online sites state this on the front page of their sites or the therapist explains this to clients upon the initial contact and during the ethical introduction. Also, in the case of suicidal clients, on-line sites should have a notice for the person to call a hotline or seek immediate attention at their local crisis center or emergency room. Once a relationship is established, emergency contact with an e-therapist may be handled in the same fashion that it is handed in face-to-face counseling. The client may be given the home, cellular, pager, and voicemail numbers of the therapist and given information on local community resources.

On the other hand, there is an existing body of literature on other types of nonverbal therapy, namely telephone therapy. Telephone therapy has been shown to be a cost-effective, clinically useful, ethical intervention modality (Haas, Benedict, & Kobos, 1996; Lester, 1996). We trust some of the most serious mental health problems to phone interventions now (e.g., suicidal hotlines), and this modality lacks nearly all nonverbal cues. The one item phone interventions possess that online interventions do not is voice. Voice can include important cues; however, voice over the telephone is usually real-time and immediate. Online therapy is most often

conducted via email exchanges, which allow for greater though and elaboration. It remains to be seen whether online interventions are as effective as telephone interventions as much more research is needed in this area (Ainsworth, 2000; Grohol, 1997; Guterman & Kirk, 1999).

Conceivably, some of these perceived barriers of nonverbal communication may eventually be overcome by the wider accessibility of real-time audio and video applications and smaller, inexpensive equipment. To date, such services are primarily based in large health-science centers; however, in the near future, two-way synchronous video conferencing between e-therapist and client may be commonplace (Guterman & Kirk, 1999; Sussman, 1998). The elitism that has been associated with online therapy will diminish as this exploding technology continues to grow and is widely and easily accessible to virtually everyone in libraries, schools, and university computer laboratories. This empowers the consumer by offering them the opportunity of when to connect with their therapist.

Proponents of e-therapy also claim that written psychotherapy also empowers the client by placing them in a situation in which their unique ideas can be transmitted in a clear and uninterrupted manner. Specifically, therapists' premature interpretations and perspectives are prevented from clouding the essence of clients' messages. For this reason, e-therapy may have unique advantages for women and other traditionally oppressed groups who have been frustrated by the lack of sensitivity to their unique concerns (Finfgeld, 1999). Opponents of e-therapy state that e-therapists are vulnerable to cultural insensitivity and unintentional discrimination against their non-White, non-Western clients (Frame, 1997). Without the benefit of nonverbal communications, counselors may miss critical clues about their clients and may make incorrect assumptions about their cultural or racial identity. In a time when sensitivity to cultural and ethnic diversity is paramount and appropriate interventions is essential (McFadden & Jencius,

2000; Pederson, 1995; Sue, 1996), any medium that compromises these important dimensions of counseling is suspect. To circumvent these problems, e-therapists should have clients complete an intake form asking for such information. Also, some counselors and clients already have the video and audio equipment that allows them to see and hear one another (Frame, 19987; Guterman & Kirk, 1999).

In the new millennium, the need for culturally competent mental health professionals includes those who are technologically competent (McFadden & Jencius, 2000) and vice-versa. Cyberspace offers nearly an endless amount of information and opportunities for gaining cultural knowledge and relating to others from a variety of nationalities, religions, belief systems, and worldviews. Developing professional contacts with people from other cultures is easily done with email, newsgroups, listservs, chatrooms, and even video conferencing. Cyberspace offers e-therapists and counseling students the tools to conduct cultural collaboration with colleagues on a worldwide platform and also to gain knowledge and information from hundreds of thousands of websites pertaining to cultural issues. In sum, the internet does provide for e-therapist to improve their skills and increase their knowledge in cross-cultural counseling.

Writing thoughts and feelings is not appropriate for everyone, of course, and opponents of e-therapy state that it is limited to clients who are reasonably educated writers and readers if these clients are to reveal their feelings in an informational, emotional manner and then comprehend the therapist's responses. This leads to the issue of elitism (Finfgeld, 1999). The use of literary techniques to conduct therapy may be relegated to a select group of educated, middle-to upper-class individuals. However, it can be argued that some of these same demographic factors also present barriers to accessing face-to-face psychotherapy. That is, real-life psychotherapy is

usually based on average intellectual abilities and skills and more costly than the on-line therapies.

In addition, innovative initiatives have demonstrated that most people are fully capable of utilizing computer technology for health care purposes, including senior citizens (Krishna, Balas, Spencer, Griffin, & Boren, 1997). The United States Department of Housing and Urban Development is helping to make computer technology accessible to low-income individuals who lack these resources and the technology skills. Research findings suggest that such initiatives are successful and that low-income users tend to become empowered by access to such technology (Bier, Gallo, Nucklos, Sherblom, & Pennick, 1998).

One of the best advantages of e-therapy is that it dissolves geographical boundaries between clients and therapists. However, in the case of the law, this feature is a potential problem. Laws that govern counselors vary from state to state, and there currently are no international laws to govern counselors from various nations (Hughes, 2000). A disadvantage stemming from this legal issue is the grievance process for the client's protection. In the online world, clinicians are treating people who live in different states, and the therapist may not be licensed in that state. To date, there have been no lawsuits brought up in any state that address e-therapy, but this is an area of concern for both providers and consumers (Ainsworth, 2000; Grohol, 1999c). The grievance process for addressing complaints against e-therapists is currently uncharted territory. In short, if something does go wrong and the client has a complaint, the legal system is probably not going to be able to do anything about it at this time. The ethical online therapist will clearly define their policies for grievances and who to contact if there is a grievance (Grohol, 1997).

A major ethical issue addressed by all of the codes of ethics is confidentiality of information shared in sessions (Hughes, 2000; Sampson, Kolodinsky, & Greeno, 1997). Online risks can

occur at four locations: transmission, therapist-end, client-end, and legal subpoena (ISMHO, 2000b). Ethical therapists take very seriously their responsibility to protect privacy and confidentiality and are offering increasing levels of security on their websites for protection. There are secure web-based messaging systems as opposed to regular e-mail. Instead of sending regular e-mail to a therapist, the client logs on to a secure web page and then submits a message via a passworded, secure form. However, most internet therapists still do most of their work by e-mail because of the convenience and cheaper cost (Ainsworth, 2000). There are free e-mail encryption packages, such as PGP (http://web.mit.edu/network/pgp.html), and secure e-mail, such as ZipLip (https://www.ziplip.com/zlplus/home.jsp) and Hushmail (http://www.hushmail.com), and clients should choose therapists who offer such methods of protection. Even with these packages, however, it is easy to make inadvertent errors and compromise privacy. Another potential transmission breach is the situation in which the therapist or client accidentally misaddresses an email and sends it to an unintended recipient.

Breaches may also occur on the client- and therapist-end. If the client or therapists prints e-mails and saves the hardcopies, someone may find the private information. Also, employers do have the right to read e-mails on machines that they own. Or, unauthorized access to a therapist's or client's e-mail by family members, staff members, or even the public may occur, so it is best to utilize a web-based e-mail system, such as hotmail (www.hotmail.com) or hotbot (www.hotbot.com). Relating to privileged communications, it is currently unclear if communication using the internet is covered by therapist/client privilege (ISMHO, 2000b). This may be especially important for clients involved in child custody and divorce proceedings. Client communication to the therapists may be subject to the legal process, and when different

nationalities are involved, the issue becomes even more confusing. These situations should be explained to the client during the first session.

Overall, the online world does offer some risks to a client's confidentiality and privacy, but it is not apparent or proven that these risks are significantly or inherently greater than similar risks already taken in real-world therapy session. According to Ainsworth (2000), talking to a therapist online is probably as safe as talking to one in person; both are very confidential and neither is 100% perfect. Understanding the potential dangers is the first step toward giving clients truly informed consent, and taking measures to reduce these risks is the second step (Grohol, 1999a). When deciding upon a moral dilemma, it is imperative to weigh the pros and the cons of an action.

Another issue that is addressed in each of the codes of ethics is verification of the *client's* and *counselor's* identities (Hughes, 2000). It is important that therapists offer clients enough information to independently verify credentials. An e-therapist should provide his/her real name, the state and country in which the practice occurs, office telephone number, discipline, certification, and licenses. It is imperative that clients take the time to determine that the therapist is licensed, certified, and qualified to provide such service. A site that offers this information is Credential Check (http://www.mentalhelp.net/check), which is a neutral third organization that verifies the identity and credentials of online mental health practitioners (Ainsworth, 2000; Grohol, 1997). Approximately one-quarter of therapists offering online services have signed up with this service (Grohol, 1997).

Likewise, text-based communication restricts the mental health professional's ability to verify the *client's* identity. This difficulty becomes a significant issue regarding the treatment of minors and in addressing crisis issues such as suicidal ideation, homicidal intent, and child abuse

(ISMHO, 2000b). However, the e-therapist should gather and verify contact information in a confidential manner, just as the face-to-face counselor does (Grohol, 1999a). A proactive way to deal with this quandary may be to obtain a client's local emergency numbers as well as their physical address and phone number before initiating therapy.

In addition to these ethical issues are related legal issues. Legal and jurisdictional issues are in the early formative stages and are complicated by the trans-boundary nature of the internet (Hughes, 2000). When the client resides in a different legal jurisdiction from the therapist, it is unclear which laws are applicable. For example, in situations in which mental health professionals are required to breech confidentiality and report a client's danger to self or others, or suspected incidents of child, elder, or spousal abuse, it is unclear which laws, those covering the therapist's geographic region or those of the client's, are applicable.

Another legal issue complicated by the trans-boundary nature of e-therapy is that of licensure. Licensing laws in most areas restrict the practice of psychotherapy, not e-therapy (Hughes, 2000; ISMHO, 2000b). These licensing laws, which determine the state in which a therapist can legally practice, are called into question when practicing over the internet across state and national boundaries. California was the first state to pass legislation affecting the practice of psychotherapy on the internet. The California Telemedicine Act mandates that mental health services provided online to a resident of California can be administered only by a clinical psychologist or medical doctor licensed in that state (Sussman, 1998). Additionally, managed care must cover online services that would normally be covered in person. Other states are currently working on similar legislation for e-therapists. These states could follow the example set forth by the Telemedicine Development Act, which proposed that states should not restrict the virtual travel of patients who seek medical advice outside of the state and that an internet (or

non face-to-face contact) by a patient with a physician in another state is regulated by the doctor's home state (American Telemedical Association, 1999; Hughes, 2000).

Some online therapists may try to limit legal and ethical constraints on the services they provide by offering a disclaimer in which the services they provide are called psycho-educational, advice-giving or coaching services (Finfgeld, 1999; Grohol, 1999c; ISMHO, 2000b). However, such a disclaimer should not be viewed as offering blanket protection in the United States, since courts and state regulators do not use the words of the therapist as the criteria for determining whether a therapeutic relationship has been established. Instead, the courts take the view of the reasonable expectations of the client (ISMHO, 2000b).

To circumvent some of these potential problems, it is imperative that e-therapists portray the types of services they are offering as accurately as possible, portray themselves as accurately possible (i.e., credentials, specialties), and deliver the services as advertised. As in traditional therapy, the e-clients should always sign a statement of consent to treatment that explains their rights and both parties' responsibilities. Finally, the e-therapist should contact their state licensing board to determine the formal position of the state. However, to date, most licensing boards do not have any regulations in place (Grohol, 1999c, ISMHO, 2000b). In sum, there remains considerable controversy regarding the jurisdictional authority of geographically determined governing bodies over many of the activities occurring in the trans-boundary domain of cyberspace, but e-therapists can take precautions to provide ethical and legal services.

Conclusion

To date, e-therapy has been dealt with in a rather fragmented and parochial fashion by states legislatures, the federal government, professional organizations, managed care companies, and the providing professionals themselves. These individuals and organizations need to work

together in a timely manner to establish legal, ethical, and practice guidelines for the global therapy which is occurring, above all else, for protection of clients. Undoubtedly, as the practice of e-therapy continues to exponentially grow as it has, the federal laws, professional licensing and credentialing guidelines, and the ethical and legal codes will eventually develop and solidify.

Clinicians who practice online would benefit from research in this are to assist them in determining the effectiveness of this modality and ensure the advantages outweigh the disadvantages. Research studies have already started to provide concrete evidence regarding online counseling that will provide a scientific means for evaluation of the practice. Well-designed research is required so that clinicians can confidently implement evidence-based interventions. Also, it may be that online therapists would be required to partake in an ethical course for online practice to ensure that they are familiar with the codes outlined above.

Some mental health professionals feel very strongly that it is not ethical for psychotherapists to interact with their clients over the internet, while others are actively doing so. The creative tension must continue, and professionals, managed care companies, and consumers alike need to be reminded of the risks and benefits. To date, however, there is a basic truth: individuals are seeking mental health assistance from e-therapists. Many individuals are receiving such service from responsible, competent, and ethical mental health professionals and are forming effective helping relationships via the internet - relationships that help and heal.

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